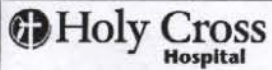


| DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Hospital Day/ Post-Op Day | H.D. | | | P.O. | | | H.D. | | | P.O. | | | H.D. | | | P.O. | | | H.D. | | | P.O. | | | | | | | | |
| TEMP | 0 4 | 0 8 | 1 2 | 1 6 | 2 0 | 2 4 | 0 4 | 0 8 | 1 2 | 1 6 | 2 0 | 2 4 | 0 4 | 0 8 | 1 2 | 1 6 | 2 0 | 2 4 | 0 4 | 0 8 | 1 2 | 1 6 | 2 0 | 2 4 | 0 4 | 0 8 | 1 2 | 1 6 | 2 0 | 2 4 |
| 105° | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . |
| 104° | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . |
| 103° | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . |
| 102° | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . |
| 101° | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . |
| 100° | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . |
| 99° | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . |
| 98° | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . |
| 97° | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . |
| 96° | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . |
| 95° | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . |
| Blood Pressure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PULSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESPIRATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL 24 HOUR INTAKE/OUTPUT | / | | | | | | / | | | | | | / | | | | | | / | | | | | | | | | | | |
| WEIGHT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

LEGEND:

● = Tympanic ○ = Oral R = Rectal



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PATIENT LABEL

GRAPHIC RECORD